

## Commonwealth of Virginia Health Benefits Program



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*This booklet provides an overview of your benefits offered through the Commonwealth of Virginia Health Benefits Program. Refer to this booklet for general information about your health, wellness, flexible reimbursement, and long-term care benefits. Details may be found in the appropriate plan document or on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). Should the information in this overview conflict with the appropriate plan document, information in the plan document will rule.*

# HEALTH BENEFITS

State employees eligible for the health benefits program may enroll in a statewide health plan, or if living or working in the Northern Virginia area only, a regional health maintenance organization (HMO). Full-time employees pay the employee portion of the total monthly premium, with the state paying the remainder of the cost, and their premiums are deducted from paychecks before taxes are paid. Part-time classified employees (or salaried employees in similar positions in legislative, judicial and independent agencies) pay the total premium, which may be deducted from their paychecks on a pre-tax basis. For current monthly premiums, visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or see your agency Benefits Administrator.

## COVA CARE STATEWIDE PLAN

The COVA Care plan is offered throughout Virginia and administered on a plan year that begins each July 1 and ends June 30 of the next year. Covered services may be subject to a plan year deductible, coinsurance or copayments. The plan has four separate benefit components: *medical, dental, prescription drug and behavioral health*. If you enroll in COVA Care, you will receive four identification cards, one from the administrator of each benefit. You may also select, at an extra cost to you, additional options that offer enhanced coverage for dental, out-of-network, vision and hearing services.

### Medical Benefits

Anthem Blue Cross and Blue Shield administers medical benefits under COVA Care. Included are coverage for hospital and physician services, and for routine services, such as laboratory tests, x-rays and preventive screenings. We highly recommend that you coordinate your care through a primary care provider (PCP), but you are not required to have a PCP to use your medical benefits under COVA Care. You have medical coverage as long as you use an in-network provider. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network Option**.

Through your medical benefits, you have access to providers who participate in Anthem networks worldwide. The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide. You may access care within the United States through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network.

For the most current Anthem network hospitals and physicians and the BlueCard® directories, go to [www.anthem.com](http://www.anthem.com). Choose the Virginia Members site, then scroll down to the “Commonwealth of Virginia and The Local Choice” link.

### Behavioral Health and Employee Assistance Program (EAP)

ValueOptions provides your behavioral health and EAP benefits under COVA Care. We recommend that you call ValueOptions at 1-866-725-0602 so that your care can be authorized in advance. A ValueOptions participating provider works with a care manager to ensure that the services you receive are covered under your plan. When you self-refer to a non-network provider, you are responsible for making sure the services you receive are medically necessary for your condition. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network Option**.

The EAP offers four visits at no cost to you or members of your household for counseling in such areas as mental health, substance abuse, work and family issues, financial or legal matters.

### Dental

Delta Dental Plan of Virginia provides basic dental coverage for the COVA Care plan, including routine and preventive care, and routine restorative services such as fillings and root canals. **The Expanded Dental Option** covers orthodontic services and offers enhanced coverage for major restorative services such as crowns, bridgework, implants, and dentures.

You may use either an in-network or out-of-network dentist, but using a DeltaPremier network dentist reduces the amount you may have to pay out of your own pocket, and your claims are filed for you automatically. Non-network dentists may bill you for any amount above the plan's allowable charge, and you may have to send a completed dental claim form to Delta Dental for payment. To see if your dentist is in the DeltaPremier network, or to search for a participating dentist, visit the Delta Dental Web site at [www.deltadentalva.com](http://www.deltadentalva.com). Click on “Searching for a Dentist?” and select the DeltaPremier program. You also may call Delta Dental at 1-888-335-8296 for assistance.

## Prescription Drugs

Your COVA Care health plan prescription drug benefit, administered by Medco Health, divides your prescriptions into three categories (tiers) based primarily on their cost. The first tier is typically generic drugs; the second tier generally includes low cost to medium cost brand name drugs; and the third tier consists of higher-cost brand name drugs. You may also save money by using the Medco Health Home Delivery Pharmacy™ for a 90-day supply of a maintenance prescription.

You may use either a network or non-network pharmacy. A network pharmacy files your claim and charges you only the appropriate prescription tier copayment. At a non-network pharmacy, you pay the total price of the drug and then file a Prescription Drug Reimbursement Form. You are reimbursed for the drug's allowable charge minus your copayment.

To find a Medco Health pharmacy, go to [www.medcohealth.com](http://www.medcohealth.com) and register. Click on "Find a local pharmacy". You also may check with your local pharmacy or call Medco Health at 1-800-355-8279 to determine if your pharmacy is in the network.

## Out-of-Network Option

This option provides medical and behavioral health coverage if you choose to use a provider that does not participate in the Anthem or ValueOptions networks. Without this option, you have no coverage under the basic COVA Care plan for non-emergency medical and behavioral health services performed by a non-network provider.

## Vision and Hearing Option

COVA Care offers through Anthem an additional benefit option for Vision and Hearing services that provides coverage for routine vision services (exams, glasses, and contact lenses and related services) once every 24 months, and also for routine hearing exams, hearing aids and other hearing aid-related services every 48 months.

## KAISER PERMANENTE REGIONAL HMO

Available only to employees who live or work in Northern Virginia, the Kaiser Permanente regional HMO has a service area that includes Northern Virginia, Washington, D.C. and parts of Maryland. There is no deductible for in-network services, but you must use HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser Web site at <http://my.kaiserpermanente.org/mida/commonwealthofvirginia/> to determine if your job location or home address is in the Kaiser service area.

## EMPLOYEE WELLNESS PROGRAM

### COMMONHEALTH

Changes in your lifestyle can have a big impact on your health. The CommonHealth employee wellness program strives to make a difference in the health of employees and the workplace by integrating health into the work culture, building trustworthy partnerships with the state workforce and changing individual behavior. State agencies that participate in CommonHealth can choose from more than 40 different health promotion services, including on-site health screenings, fitness and stress management, personal health and safety, and weight control and nutrition.

For more information about your wellness benefits, visit the CommonHealth Web site at [www.chp-online.com/commonhealth/](http://www.chp-online.com/commonhealth/).

## Baby Benefits

Prenatal care is important in the delivery of a healthy baby. CommonHealth's *Baby Benefits* is a free program designed to promote a healthy pregnancy and prevent premature birth. To register at no cost or for more information, call 1-800-828-5891. Baby Benefits is available to all expectant state employees, spouses and dependents covered in a State health benefits plan.

## Health Benefits At-A-Glance

COVA Care Plan COVA Care Basic			Kaiser Permanente HMO (Northern Virginia Only)	
Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network
<b>Plan Year Deductible</b> (July 1–June 30)	\$200 per person; \$400 per family	Anthem and/or ValueOptions	<ul style="list-style-type: none"> <li>You must live or work in the Kaiser service area to enroll.</li> <li>You must select a primary care physician (PCP).</li> </ul>	
<b>Out-of-Pocket Expense Limit</b>	\$1,500 per member \$3,000 per family	Anthem and/or ValueOptions		
<b>Doctor's Visits</b> <i>Outpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Inpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul>	\$25 \$35 \$0 \$0	Anthem and ValueOptions	<b>Doctor's Visits</b> <i>Outpatient:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialists</li> </ul> <i>(Specialist visits require a PCP referral)</i>	\$10 \$10
<b>Hospital Services</b> <i>Inpatient</i> <i>Outpatient</i>	\$300 per stay \$100 per visit	Anthem and ValueOptions	<b>Hospital Services</b> <i>Inpatient</i> <i>Outpatient</i>	\$100 per admission \$10 per visit
<b>Emergency Room Visits</b> <i>Facility Services</i> <i>Professional Providers:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul>	\$100 per visit \$25 \$35	Anthem and ValueOptions	<b>Emergency Room Visits</b> <i>ER Facility Services</i> <i>Urgent Care Center</i>	\$50 (waived if admitted) \$10
<b>Diagnostic laboratory, tests, shots and x-rays</b>	10% coinsurance after deductible	Anthem and ValueOptions	<b>Diagnostic laboratory, tests, shots and x-rays</b>	\$10 physician, x-ray, and diagnostic services \$0 lab, pathology, radiology, diagnostic testing
<b>Routine gynecological exam</b> <i>Exam and tests:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> <li>Preventive tests (pap, mammography)</li> </ul>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine gynecological exam</b> <i>Exam and tests (no referral needed):</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Preventive tests (pap, mammography)</li> </ul>	\$10 \$0
<b>Routine wellness care (7 and older)</b> <i>Checkup visit:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Routine lab, tests, shots and x-rays (plan pays up to \$200 per member per year)</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine wellness care (5 and older)</b> <i>Periodic checkup:</i> <ul style="list-style-type: none"> <li>Primary care physician</li> </ul>	\$10
<b>Routine well child care (to age 7)</b> <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul> <i>Routine lab, tests, and x-rays</i>	\$25 \$35 10% coinsurance, no deductible	Anthem	<b>Routine well child care (under age 5)</b> <ul style="list-style-type: none"> <li>Primary care physician</li> </ul>	\$0
<b>Prescription Drugs—three-tier</b> <i>Participating Retail Pharmacy: Per 34-day supply</i> <ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul> <i>Home Delivery Pharmacy: Service Per 90-day supply</i> <ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> </ul>	\$15 \$20 \$35 \$30 \$40 \$70	Medco Health	<b>Prescription Drugs</b> <i>Generic (brand covered only when generic unavailable or prescribed by physician):</i> <ul style="list-style-type: none"> <li>Kaiser On-Site Pharmacy</li> <li>Community Pharmacy</li> <li>Mail Service</li> </ul>	Up to 60-day supply \$10 \$20 Up to 90-day supply for maintenance medication \$8

## Health Benefits At-A-Glance

COVA Care Plan COVA Care Basic			Kaiser Permanente HMO (Northern Virginia Only)	
Benefit	You Pay In-Network	Administrator	Benefit	You Pay In-Network
<b>Behavioral Health and Employee Assistance Program</b>		ValueOptions	<b>Behavioral Health and Substance Abuse</b>	
<i>Inpatient Facility</i>			<i>Inpatient Facility</i>	\$100 per admission
<i>Outpatient Facility</i>			<i>Outpatient Professional</i>	\$10
<i>Outpatient Professional</i>			<i>EAP</i>	\$0
<i>EAP (4 visits per incident)</i>			<i>(Coordinate care with Plan, not primary care physician)</i>	
<b>Dental Basic Services</b>		Delta Dental	<b>Dental Services</b>	
<i>Plan pays up to \$1,200 per member per plan year</i>			<i>Plan pays per member per plan year up to \$1,000</i>	
• Diagnostic and preventive (oral exam, cleanings)		\$0	<i>Dental HMO (DHMO), \$500</i>	
• Primary (fillings, periodontal, root canals)		20% coinsurance, no deductible	<i>Out-of-Network (OON)</i>	
				<u>DHMO</u> <u>OON</u>
			• Annual deductible	\$25      \$50
			• Diagnostic and preventive	0%      25%
			• Basic services	20%      40%
			• Major services	50%      60%
			• Ortho (19 and under), \$1,000 lifetime max	50%      not covered

COVA Care Additional Coverage Options				
Benefit	Who Pays		Administrator	
<b>Out-of-Network</b> <i>(May be combined with Expanded Dental or Vision, Hearing and Expanded Dental) Applies to Medical and Behavioral Health Services</i>	Plan payment is reduced by 25%. You pay applicable deductible, copayment and/or coinsurance. Provider may balance bill for amount above allowable charge.		Anthem or ValueOptions	
<b>Expanded Dental</b> <i>(May be combined with Out-of-Network)</i> <i>Plan pays up to \$1,500 per member per plan year for Basic and Complex Restorative Services</i>			Delta Dental	
• Complex Restorative (inlays, onlays, crowns, dentures, bridgework)	You pay 50% coinsurance, no deductible			
• Orthodontic (\$1,200 lifetime max per member)	You pay 50% coinsurance, no deductible			
<b>Vision, Hearing and Expanded Dental</b> <i>(May be combined with Out-of-Network)</i>				
<i>Vision</i>			Anthem	
• Routine eye exam (once every 24 months)	You pay \$35			
• Eyeglass frames (one set every 24 months)	Plan pays up to \$75			
• Lenses (every 24 months)				
• One pair single lenses, or	Plan pays up to \$50			
• One pair bifocal lenses, or	Plan pays up to \$75			
• One pair trifocal lenses, or	Plan pays up to \$100			
• Contact lenses (any kind)	Plan pays up to \$100			
<i>Hearing</i>			Anthem	
• Routine hearing exam (once every 48 months)	You pay \$35			
• Hearing aids and other hearing aid related services (\$1,200 benefit maximum every 48 months)	You pay \$0			
<i>Expanded Dental (see above)</i>			Delta Dental	

# FLEXIBLE REIMBURSEMENT ACCOUNTS

Your FRA plan year for Medical Expense Flexible Reimbursement (MFRA) and Dependent Care Flexible Reimbursement (DFRA) accounts is July 1 – June 30.

## FRA SUMMARY

**MFRA:** Allows you to set aside part of your salary on a pre-tax basis each pay period to pay for the out-of-pocket medical, dental and vision care expenses not covered by your health benefits plan. Examples include copayments, coinsurance and deductibles. You may participate if you have been eligible for the health benefits program for six continuous months. You must enroll during your sixth month of health benefits eligibility. Check with your agency Benefits Administrator to verify your enrollment period for the MFRA.

**DFRA:** Allows you to set aside part of your salary on a pre-tax basis each pay period to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse) can work or actively look for work. You may participate if you are eligible for the health benefits program.

### FRA Elections

- Your FRA elections (the dollar amounts you set aside) are binding.
- You may not change your FRA election amount until the next FRA Open Enrollment unless you experience a qualifying mid-year event consistent with your requested change. See the Flexible Benefits Program page on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

### FRA Period of Coverage

- *If you enroll during Open Enrollment* – Your FRA election is for the plan year, July 1 through June 30. Your period of coverage will be the same as the plan year (unless you later make a permitted election change).
- *If you enroll after the plan year begins* – Your period of coverage will begin on your effective date and continue through the end of the plan year (unless you later make a permitted election change).
- *You may enroll or re-enroll during Open Enrollment.* You are required to enroll annually to continue participation in an FRA each plan year.

### Contribution to an MFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year

### Contribution to a DFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year, depending on how you file your taxes (see the *Flexible Benefits Sourcebook*)

### Who To Contact With Questions

- See or call your agency Benefits Administrator with questions on FRA eligibility or making changes.
- Contact the administrator of the Flexible Reimbursement Accounts, Fringe Benefits Management Company (FBMC), with questions about eligible FRA expenses. Online information is available at [www.fbmc-benefits.com](http://www.fbmc-benefits.com) or call the toll-free customer service number at 1-800-342-8017.
- See the *Flexible Benefits Sourcebook* Sourcebook for more on FRAs, including who may enroll and what expenses may be reimbursed. The sourcebook is available from your Benefits Administrator or on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

# LONG TERM CARE INSURANCE

## GENERAL INFORMATION

The Commonwealth of Virginia offers long-term care insurance to eligible state employees, retirees, and certain family members through Aetna, Inc. (Note: Members of the Virginia Sickness and Disability Program [VSDP] have an automatic *employer-paid* long-term care benefit through the Virginia Retirement System [VRS].) *Employee-paid* coverage is available through the Department of Human Resource Management (DHRM). State employees are guaranteed acceptance into the DHRM plan provided they are actively at work and apply within 60 days of their date of hire. Other eligible individuals include the spouse of an employee/retiree and the parents and parents-in-law of an employee. These individuals are required to complete an application, which includes a medical questionnaire prior to acceptance into the program.

For more information on long-term care, call Aetna, Inc. toll-free at 1-877-894-2470, or visit their Web site at [www.aetna.com/group/commonwealthva](http://www.aetna.com/group/commonwealthva). More on the DHRM plan may be found at [www.dhrm.virginia.gov/hbenefits/longtermcare/longtermcare.html](http://www.dhrm.virginia.gov/hbenefits/longtermcare/longtermcare.html).

DHRM LTC Employer-Paid Plan	
<b>Who's Eligible</b>	Regular employees of the Commonwealth of Virginia who are: <ul style="list-style-type: none"><li>• Salaried Full-Time faculty employees</li><li>• Salaried classified employees who work 20 or more hours/week</li></ul>
<b>Benefit Amount</b>	<i>This is the maximum amount of coverage your plan will provide each day.</i> You choose a Daily Benefits Amount (DBA) from \$50 to \$200.
<b>Lifetime Benefits</b>	To determine the amount of money available under your plan during your lifetime: <ul style="list-style-type: none"><li>• Multiply the DBA you chose by 365 (days/year).</li><li>• Multiply that result by the number of years you want to receive benefits (2 or 5)</li></ul>
<b>Expenses Covered</b>	
Nursing, Assisted Living or Hospice Facility Care	Actual expenses up to 100% of DBA
Home Based Care/Adult Day Care Services	Actual expenses up to 50% of DBA
<b>Spousal Discount</b>	If both you and your spouse enroll, each of you will receive a <i>10% discount</i> on rates.
<b>Protect from Inflation</b>	After you enroll, you'll have the opportunity periodically to increase your coverage at 5% compounded, based on your DBA
<b>Take-Away Policy</b>	If you leave the Commonwealth you may take your policy with you. You will be responsible for paying the same group rates.

# HOW TO ENROLL

## HEALTH BENEFITS OR FLEXIBLE REIMBURSEMENT ACCOUNTS (FRAs)

- Within 31 days of employment, you may enroll in your health plan and select a type of membership (Single, Employee Plus One, or Family). You may also enroll in a Dependent Care FRA. You may make changes during the annual Open Enrollment period, or outside Open Enrollment due to a qualifying mid-year event such as marriage, divorce, birth of a child or when a child reaches the plan age limit and is no longer eligible for coverage. For a complete list of qualifying mid-year events visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).
- You must enroll each year in an FRA to continue participation. During the plan year, you may change your FRA contribution(s) if you experience a qualifying mid-year event.
- Your enrollment or changes must be submitted within the Open Enrollment period or within 31 days of the event.

### Online Enrollment:

- The preferred way to enroll is on the Web! Visit EmployeeDirect at [edirect.virginia.gov](http://edirect.virginia.gov). You will need your personal identification number and an EmployeeDirect passcode to login. Visit EmployeeDirect for instructions on how to obtain a passcode.

### Paper Enrollment:

- **Health Benefits:** Complete the Health Benefits Enrollment Form for Active Employees and submit it to your Benefits Administrator.
- **FRA:** Complete an FRA Election Form or the FRA section on the Health Benefits Form for Active Employees.

### To Find Forms:

- Visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) under the Compensation and Benefits link or see your agency Benefits Administrator.

## EMPLOYEE WELLNESS PROGRAM

The CommonHealth wellness program does not require enrollment. Please ask your agency human resources office for information on this program. Expectant state employees may register for *Baby Benefits* by calling 1-800-828-5891.

## LONG-TERM CARE PROGRAM

To enroll in the DHRM employee-paid long-term care program, call Aetna, Inc. toll-free at 1-877-894-2470.

## HIPAA

Upon enrollment in either the COVA Care or Medical Reimbursement Account, you should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practices. If you do not receive your notice, please contact your benefits office or visit the DHRM web site at [www.dhrm.virginia.gov/compandbenefits.html](http://www.dhrm.virginia.gov/compandbenefits.html) to obtain a copy.

# WHO TO CONTACT

HEALTH PLANS	CONTACT
<b>COVA Care – Medical, Vision and Hearing</b> Anthem Blue Cross and Blue Shield	Toll free 1-800-552-2682 outside Richmond, or (804) 355-8506 in Richmond <a href="http://www.anthem.com">www.anthem.com</a>
<b>COVA Care – Dental Benefits</b> Delta Dental Plan of Virginia	Toll free 1-888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
<b>COVA Care – Prescription Drug Program</b> Medco Health Solutions, Inc.	Toll free 1-800-355-8279 <a href="http://www.medcohealth.com">www.medcohealth.com</a>
<b>COVA Care – Behavioral Health and Employee Assistance Program</b> ValueOptions, Inc.	Toll free 1-866-725-0602 <a href="http://www.achievesolutions.net/covacare">www.achievesolutions.net/covacare</a>
<b>Kaiser Permanente HMO Plan</b> ( <i>Northern Virginia Only</i> ) Kaiser Foundation Health Plan of the Mid-Atlantic States	(301) 468-6000 in the Washington, D.C. area or toll free 1-800-777-7902 outside Washington, D.C. <i>Behavioral Health:</i> Toll free 1-866-530-8778 <i>Employee Assistance Program:</i> Toll free 1-866-517-7042 <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia">http://my.kaiserpermanente.org/mida/commonwealthofvirginia</a>
FLEXIBLE BENEFITS	CONTACT
<b>Fringe Benefits Management Company (FBMC)</b>	Toll free 1-800-342-8017 <i>Interactive Benefits Information Line:</i> Toll free 1-800-865-FBMC (3262) <a href="http://www.fbmc-benefits.com">www.fbmc-benefits.com</a>
COMMONHEALTH WELLNESS PROGRAM	CONTACT
<b>Continental Health Promotion</b>	(804) 560-4500 <a href="http://www.chp-online.com/commonhealth">www.chp-online.com/commonhealth</a>
LONG-TERM CARE INSURANCE	CONTACT
<b>Aetna, Inc.</b>	Toll free 1-877-894-2470 <a href="http://www.aetna.com/group/commonwealthva">www.aetna.com/group/commonwealthva</a>
ELIGIBILITY	CONTACT
<b>For All Benefits</b>	Your agency's Benefits Administrator or <a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a>

